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United States Department of Agriculture.

DIVISION OF ENTOMOLOGY.

APPLICATION FOR SILK WORM EGGS.

Name of Applicant *(If female, state so)*

Street or P. O. Box if necessary

Post Office County

State

Write the name and address very legibly, and if you have them in print, please inclose them.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

Have you ever raised silk worms before?

If you answer "YES" to the first question please state how many seasons you have raised silk worms?

Do you intend to use mulberry or orange leaves in feeding the worms?

Have you a copy of Prof. Riley's pamphlet entitled "The Mulberry Silk-Worm" published since 1885?

